



RESTATEMENT OF CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

Title 30, Chapters 21 and 25, Idaho Code

Base Filing fee: \$30.00.

Complete and submit the application in duplicate.

1a. The name of the limited liability company is:

2a. The date the certificate of organization was filed: _____

The Certificate of Organization is restated to:

1. The name of the limited liability company is:

2. The complete street and mailing addresses of the principal office is:

(Street Address) (City) (State) (Zipcode)

(Mailing Address, if different) (City) (State) (Zipcode)

3. Registered agent name and address:

(Name)

(Address)

(City) (State) (Zipcode)

(New registered agent must sign here)

4. Mailing address for future correspondence:

(Name)

(Address)

(City) (State) (Zipcode)

5. The name and address of at least one manager or member:

(Address) (City) (State) (Zipcode)

(Address) (City) (State) (Zipcode)

(Address) (City) (State) (Zipcode)

6. Signature of a manager, member, or an authorized person.

Printed Name: _____

Signature: _____

Printed Name: _____

Signature: _____

Secretary of State use only

INSTRUCTIONS

If the document is incorrect, provide contact information where can you be reached for corrections:

Phone Number

Email address

Note: Complete and submit the application in duplicate.

Line 1a. Enter the name of the limited liability company exactly as it is filed with the Idaho Secretary of State.

Line 2a. Enter the date the certificate was filed with the Secretary of State.

The amended and restated certificate of organization supersedes the original certificate of organization and any amendments filed thereafter. You would use this form if you wish to restate your certificate of organization in it's entirety and make multiple amendments.

Line 1. If this restatement includes a change to the name of the limited liability company indicate the new name. The new name of the limited liability company must comply with 30-21-302(d), Idaho Code and contain the words Limited Liability Company, Limited Company, or the abbreviation L.L.C., L.C., LLC, or Ltd. Co. It is advised that you contact the Secretary of State's office to check for name availability.

Line 2. Enter the street (physical) and mailing address of the limited liability company.

Line 3. If you are appointing a new registered agent, enter the name and address of the registered agent in this space. A registered agent is the person designated to receive service of process upon litigation. A registered agent may be an individual who is a resident of Idaho, or a business entity registered with the Secretary of State's office. Assumed Business Name filings cannot be registered agents. This person or business entity must be located in Idaho at a physical address. Post Office boxes and commercial personal mail boxes are not acceptable. The new registered agent must sign on the space provided.

Line 4. Enter the mailing address that you would like future annual report reminders mailed to.

Line 5. Enter the name of at least one manager or member.

Line 6. The application must be signed by at least 1 manager, member or authorized person. Please identify the signer by typing his/her name in the space provided and indicate in what capacity he/she signs.

Enclose the appropriate fee (make checks payable to Idaho Secretary of State:

The filing fee is \$30.00 (\$50.00 if not typed)

If expedited service is requested, add \$20.00 to the filing fee.

If the fees are to be paid from the filing party's pre-paid customer account, conspicuously indicate the customer account number in the cover letter or transmittal document.

Pursuant to Idaho Code § 67-910(6), the Secretary of State's Office may delete a business entity filing from our database if payment for the filing is not completed.

Mail or deliver to:

Office of the Secretary of State

450 N 4th Street

PO Box 83720

Boise ID 83720-0080

If you have questions or need help, call the Secretary of State's office at (208) 334-2301.



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Printed Name: _____

Signature: _____

Printed Name: _____

Signature: _____

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